Washington, DC

UNITED STATES SECURITIES AND EXCHANGE COMMI

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	OMB APPR	OVAL
Expire Estima	NUMBER: s: At ted average but ter response	

	SEC USE ONL	<u>, Y</u>	
Prefix			Serial
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	<u>i</u>	Ĺ	
	Date Received		
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Name of Offering (check if this Offering of Common Stock	is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Amendment	Section 4(6) ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about	the issuer	
Name of Issuer (Check if this is an WebNotes, Inc.	amendment and name has changed, and indicate change.)	
Address of Executive Offices 100 Memorial Drive, Unit 11-210	(Number and Street, City, State, Zip Code) C, Cambridge, MA 02142	Telephone Number (Including Area Code) (617) 500-2447
Address of Principal Business Operations (if different from Executive Offices) Same as above.		Telephone Number (Including Area Code)
Brief Description of Business	SEP 042008 E	Same as above.
To research, develop, license and	I market compute THOMSON REUTERS	
Type of Business Organization		
corporation business trust	☐ limited partnership, already formed ☐ limited partnership, to be formed	oth. 08059085
Actual or Estimated Date of Incorporatio Jurisdiction of Incorporation or Organiza	n or Organization: Month Yea 0 5 tion: (Enter two-letter U.S. Postal Service abbreviation for Sta CN for Canada; FN for other foreign jurisdiction)	☐ ☐ Estimated
GENERAL INSTRUCTIONS		
Federal:		
Who Must File: All issuers making an of et seq. or 15 U.S.C. 77d(6)	ffering of securities in reliance on an exemption under Regulati	on D or Section 4(6), 17 CFR 230.501
Securities and Exchange Commission (S	later than 15 days after the first sale of securities in the offering EC) on the earlier of the date it is received by the SEC at the ad on the date it was mailed by United States registered or certified	dress given below or, if received at that
Where to File: U.S. Securities and Exch	ange Commission, 450 Fifth Street, N.W., Washington, D.C. 2	0549
	notice must be filed with the SEC, one of which must be manually copy or bear typed or printed signatures.	ally signed. Any copies not manually signed
• •	st contain all information requested. Amendments need only red in Part C, and any material changes from the information pre EC.	

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice. (M0015656 1)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:

 - Each promoter of the issuer, if the issuer has been organized within the past five years;

 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and mana 	ging partner of partn	ership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	fividual)				
Damico, Ryan					
Business or Residence Address	(Numbe	er and Street, City, State, Zi	ip Code)		
c/o WebNotes, Inc., 100 Memo	rial Drive. Unit 11-	21C. Cambridge, MA 021	1.42		
Check Box(es) that Apply:	Promoter	⊠ Beneticial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if ind	lividual)	·			
Huang, Ken					
Business or Residence Address	(Numbe	er and Street, City, State, Zi	p Code)		· · · · · · · · · · · · · · · · · · ·
c/o WebNotes, Inc., 100 Memo	riol Drive Linit 11.	21C Combridge MA ()2:	1.17		
Check Box(es) that Apply:	Promoter	Beneticial Owner	Executive Officer	☑ Director	General and/or
T 11 27 - 47 - 121					Managing Partner
Full Name (Last name first, if ind	hvidual)				
Rogers, Bennett					
Business or Residence Address	(Numbe	er and Street, City, State, Zi	p Code)		
c/o WebNotes, Inc., 100 Memo	rial Drive. Unit 11-	21C. Cambridge, MA 021	1.42		
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				William Flug 1 m mms
ca mi . i					
Clay, Thatcher Business or Residence Address	Numb	er and Street, City, State, Zi	n Code)		
Dushings of Resimplion / Hidrons	(runn)	a min ou cot, cary, name, ca	p cous)		
c/o WebNotes, Inc., 100 Memo					
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				
Lai. Peter					
Business or Residence Address	(Numbe	er and Street, City, State, Zi	p Code)		
- L. W. L. N. A To		945) 51L-II 364 09:	1.43		
c/o WebNotes, Inc., 100 Memo Check Box(es) that Apply:	Promoter	ZIC, Cambridge, MA 02:	Executive Officer	Director	General and/or
	_				Managing Partner
Full Name (Last name first, if ind	lividual)				
Rothberg, Alex					
Business or Residence Address	(Numbe	er and Street, City, State, Zi	p Code)		
19 Ox Bow Lane, Woodbridge,	CT 06525				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
T 111					Managing Partner
Full Name (Last name first, if ind	hvidual)				
					_
Business or Residence Address	(Numbe	er and Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Full Name (1 and same fine 2F1-4	lizichan		N		Managing Partner
Full Name (Last name first, if ind	u viduai)				
			····		
Business or Residence Address		er and Street, City, State, Zi			
{M00094961}	(Use blank sheet,	or copy and use additional (2 of 9	copies of this sheet, as nece	ssary.)	

Hast the issuer sold, or does the issuer intent to sell, to non-accredited investors in this offiring?					B. INF	ORMATIC	ON ABOUT	OFFERI	NG				
2. What is the minimum investment that will be accepted from any individual? Yes No Yes No 3. Does the offiring permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or eimlar remaneration for solicitation of purchasers in commercion with aster of executive in the offering. It is person to be listed is an associated person or against a person to be listed is an associated person or against person or against, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may as for this information for that broker or dealer registered with the SEC and/or with a state or broker or dealer, you may as for this information for that broker or dealer only. Full Name (Last name first, if individual) NONE Business or Residence Address (Number and Street, City, State, Zip Code) Sates in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All State" or beek individual States). [AL] [AA] [AA] [AA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [MI] [NS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [MI] [NS] [NS] [NS] [NS] [NS] [NS] [NS] [NS	1. Has the iss	uer sold, or	does the iss	uer intend t	o sell, to no	n-accredited	investors in	this offerir	ıg?			_	_
Solution Solution				An	swer also in	Appendix,	Column 2,	f filing und	er ULOE.				
3. Does the offiring permit joint ownership of a single unit?	2. What is the	minimum	investment	that will be	accepted fro	om any indis	vidual?					\$ N/A	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar enumeration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or specification of the broker or dealer, you may set forth the information for that broker or dealer, you may set forth the information for that broker or dealer, you may set forth the information for that broker or dealer, you may set forth the information for that broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) NONE Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All State" or check individual States)					•	,							No
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or a dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer engitered with the SEC and/or with a state or states, list the name of the broker or dealer, you may set forth the information for that broker or dealer only: Full Name (Last name first, if individual) None States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All State" or check individual States)	3. Does the o	flering pern	nit joint own	nership of a	single unit?		•••••			**************			
None Clast name first, if individual None	commission person to t states, list	n or similar se listed is the name o	remuneration as associated the broken	on for solici ed person of r or dealer,	tation of pur agent of a If more th	rchasers in broker or o an five (5)	connection dealer regis persons to	with sales of tered with the be listed ar	t securities he SEC and	in the offeri For with a	ng. If a state or		
Name of Associated Broker or Dealer													
Name of Associated Broker or Dealer	N	ONE											
All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All State" or check individual States)			idress (Num	ber and Str	eet, City, St	ate, Zip Coo	ie)	<u>.</u>					
All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All State" or check individual States)													
All States Ak Ak Ak Ak Ak Ak Ak A	Name of Asso	ciated Brok	er or Dealer	r									
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MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States name first, if individual) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All State") All States Sub NV NV NV NV NV NV NV N	· · ·		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]		
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Business or Residence Address (Number and Street, City, State, Zip Code)	• •					• •		• -		• •			
Business or Residence Address (Number and Street, City, State, Zip Code)					[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	{PR}
Name of Associated Broker or Dealer	ruii Name (L	asi name iu	st, ii individ	niai)									
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All State" or check individual States)	Business of R	esidence Ac	idress (Num	iber and Str	ect, City, St	ate, Zip Coo	le)						
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Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All State" or check individual States)	• •												
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All State" or check individual States)					[17]	[01]	[11]	[17]	["7]		[**1]	[117]	[1 K]
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All State" or check individual States)				,									
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All State" or check individual States)												-	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All State" or check individual States)	Business or R	esidence Ac	ldress (Num	iber and Str	cet, City, St	ate, Zip Cod	le)						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All State" or check individual States)													
(Check "All State" or check individual States) □ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	Name of Asso	ciated Brok	er or Deale	г									
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering,		
	check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange		
	and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$_0	\$_0
	Equity	\$350,000	\$ <u>125,000</u>
	☑ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ <u>0</u>	S 0
	Partnership Interests	\$ 0	
	Other (Specify)	\$ 0	
	Total	\$350,000	
	Answer also in Appendix, Column 3, if filing under ULOE.	· 	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this		
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases		· · · · · · · · · · · · · · · · · · ·
	on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	1	\$125,000
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)	0	\$ <u>0</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of	Dollar Amount
	Rule 505	Security	Sold
	Regulation A	N/A N/A	\$ <u>0</u> \$ 0
	Rule 504	N/A	\$ <u>0</u>
	Total	N/A	\$ 0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		⊠ \$_ 0
	Printing and Engraving Costs		Ճ \$_ 0
	Legal Fees		■ \$ 2,000
	Accounting Fees		⊗ \$ <u>0</u>
	Engineering Fees	,	⊠ \$ <u>0</u>
	Sales Commissions (specify finders' fees separately)		∑ \$ <u>0</u>
	Other Expenses (identify)blue sky filing fees		 \$ 250
	Total		S <u>2,250</u>

h. Friter the difference between the	aggregate offering price given in response to Part C - Question			
1 and total expenses furnished in	response to Part C - Question 4.a. This difference is the ssuer."			\$ <u>347,750</u>
used for each of the purposes shown estimate and check the box to the le	ljusted gross proceeds to the issuer used or proposed to be i. If the amount for any purpose is not known, furnish an ift of the estimate. The total of the payments listed must equal suer set forth in response to Part C - Question 4.b above.		Payments to Officers, Directors, &	Datum est T.
			Affiliates	Payments To Others
Salaries and fees		⋈	\$ <u>0</u>	⊠ \$ _0
Purchase of real estate	***************************************	⊠	\$ 0	⊠ \$ <u>0</u>
Purchase, rental or leasing and	installation of machinery and equipment	⊠	\$_0	⊠ \$ <u>0</u>
Construction or leasing of plant	buildings and facilities	⋈	\$_0	⊠ \$_ 0
	(including the value of securities involved in this			
	change for the assets or securities of another	M	\$ 0	⊠ \$ 0
			\$ 0	⊠ \$ 0
• •		_	\$ 0	
			\$ 0	⊠ \$ 0
			\$ 0	S \$ 347,750
Total Payments Listed (column	totals added)		⊠ s <u>:</u>	347,750
	D. FEDERAL SIGNATURE			
signature constitutes an undertaking	ice to be signed by the undersigned duly authorized person. If the g by the issuer to furnish to the U.S. Securities and Exchange Co to any non-accredited investor pursuant to paragraph (b)(2) of Ru	mmission,		
ssuer (Print or Type)	Signature		Date	
	$\langle \langle i \rangle \rangle$			
WebNotes, Inc.			August 15, 2	8008
Name of Signer (Print or Type)	Tel. (Cinc. (Delet - Ten.)			
varue or originar (trimit of 1)bc)	Title of Signer (Print or Type)			

· ATTENTION	١	į
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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Ryan Damico

	E. STATE SIGNATURE					
. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?						
	See Appendix, Column 5, for state response.					
2. The undersigned issuer hereby undertakes to f Form D (17 CFR 239,500) at such times as a	urnish to any state administrator of any state in which this required by state law.	notice is filed, a notice on				
The undersigned issuer hereby undertakes to fissuer to offerees.	urnish to the state administrators, upon written request, in	formation furnished by the				
	ner is familiar with the conditions that must be satisfied to tate in which this notice is filed and understands that the is ing that these conditions have been satisfied.		ty.			
The issuer has read this notification and knows the duly authorized person.	the contents to be true and has duly caused this notice to be	signed on its behalf by the t	ındersign	æd		
Issuer (Print or Type)	Signature	Date				
WebNotes, Inc.	(4)	August 15, 2008				
Name of Signer (Print or Type)	Title of Signer (Print or Type)					

President

Ryan Damico

APPENDIX

1		2	3		4			5 Disqualitica	tion	
	to non-a	d to sell accredited is in State B-Item 1	Type of security and aggregate offering price offered in state (Part C Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL							···			
AK										
AZ										
AR										
CA				:						
CO										
CT										
DE										
DC										
FL										
GA										
HI										
ID						·				
IL		-na								
IN										
IA				:						
KS	ļ									
KY										
LA								<u> </u>	<u> </u>	
ME	<u> </u>									
MD		'				J				
MA	<u> </u>	X	\$350,000.40	1	\$125,000.40	0	\$0		X	
MI								ļ		
MN						· · · · · · · ·				
MS	<u></u>			<u> </u>				<u> </u>		

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APPENDIX

1	Intended to non-a investor (Part I	d to sell accredited rs in State 3-Item 1	Type of security and aggregate offering price offered in state (Part C Item 1)	amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
МО									
МТ								-	
NE									
NV									
NH					,		1		
NJ							1	<u> </u>	
NM									
NY									
NC									
ND									
ОН									
OK							J		
OR	_	·····							
PA									
RI									
SC									
SD									
TN								}	
TX									
UΤ									
VT									
VA									
WA									
wv									

(M00156561) **8** of 9

				AP	PENDIX				
1	Intend to sell to non-accredited investors in State (Part B-Item 1		Type of security and aggregate offering price offered in state (Part C Item 1) Type of investor and amount purchased in State (Part C-Item 2)		amount purchased in State			Disqualifi under State (if yes, a explanati waiver gra (Part E-It	ULOE ttach ion of anted)
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
WI						LIIVESEDI S			
WY				 	<u></u>		1		
Int'l									

